

APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

Hospital Wasatch County Hospital City and State Heber City, Utah
 Name in Full Pitts, Gerge "D" Date February 27, 7
LAST FIRST MIDDLE
 Office Address 3500 Gaston Ave., Dallas, Texas Telephone 214-820-2501
 Residence Address 5200 Colorado Blvd., Ft. Worth Texas Telephone 817-281-3047
 Sex M Marital Status M No. of Dependents 3 Citizenship U.S.A.
 Date of Birth June 19, 1942 Birthplace Heber City, Utah
 Premedical Education: College or University University of Utah
 Degree B.S. Date of Graduation 1966
 Medical Education: Medical School University of Utah School of Medicine
 Degree M.D. Date of Graduation 6-6-1971
 Internship: Hospital Baylor University Medical Center Date 7/71-6/72 Rotating ☒ Special ☐
Date Rotating Special
 Licensures Texas 6/73 License No. E 0582 Registry No. Reciprocity ☒ Examination ☐
STATE OR PROVINCE DATE ISSUED
Utah 10/72 License No. 4618 Registry No. Reciprocity ☐ Examination ☒
STATE OR PROVINCE DATE ISSUED
 Has your license to practice medicine in any jurisdiction ever been suspended or revoked? If so, give full details on separate sheet.
 Residencies John Peter Smith, Ft. Worth, Texas General Pr. Date 7/72-6/73
HOSPITAL AND TYPE OF RESIDENCY
Date
 Fellowship Date
 Assistantships Date
 Teaching Appointments Date
 Postgraduate Education Institution, Preceptor, Address Date
Institution, Preceptor, Address Date
Institution, Preceptor, Address Date
 Membership on Other Hospital Staffs (past and present) Glenview Hospital, Ft. Worth, Texas
John Peter Smith Hospital, Ft. Worth, Tx.; Baylor University Medical
Center, Dallas, Tx.; Garland Memorial Hospital, Garland, Tx.
 Have your privileges at any hospital ever been suspended, diminished, revoked, or not renewed? If so, explain in full detail on separate sheet.
 Membership in Medical Societies
 Have you ever been denied membership or a renewal thereof, or been subject to disciplinary proceedings in any medical organization? If so, give full details on separate sheet.
 Fellowship: American College of Surgeons ☐ American College of Physicians ☐ Date
 Fellowship in other specialty colleges American College of Emergency Physicians 10/73
NAME OF COLLEGE
 Certified by American Board of NAME OF BOARD Date
 References and Addresses (preferably preceptors or previous medical associates) Dr. Merrick Reese, 3500 Gaston
Ave., Dallas, Tx. 75246; Dr. Charles Crenshaw, 1500 S. Main, Ft. Worth, Tx

Privileges Desired

Previous Experience in Specialties Applied for:

General Surgery: Number of Operations Performed

Names of Preceptors

Gynecology: Number of Gynecological Operations Performed

Number of Gynecological Operations Performed as Assistant

Names of Preceptors

Obstetrics: Number of Normal Deliveries Performed

Names of Preceptors

Medicine: (Describe experience in general medicine)

Names of Preceptors

Other Specialties: (Name and describe experience)

Names of Preceptors

In making application for appointment to the medical staff of this hospital I agree to abide by its bylaws and by such rules and regulations as it may from time to time enact. Moreover, I specifically pledge that I will not receive from or pay to another physician, either directly or indirectly, any part of a fee received for professional services, and I fully understand that any significant misstatements in or omissions from this application constitute cause for summary dismissal from the staff.

George D. Little, MD

CREDENTIALS COMMITTEE

Above Application Was Reviewed by the Credentials Committee with the Following Recommendations:

Appointment to the Honorary ☐

With Privileges in ~~the~~

Appointment to be Deferred

Signed:

Date _____

EXECUTIVE COMMITTEE

Approved by the Executive Committee of the Medical Staff of

Date _____

GOVERNING BOARD

Appointed by the Governing Board of

Date _____